PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/821,003			ing Date 08/2004	To be Mailed
APPLICATION AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY □ OR SMALL ENTITY												
Н	FOR	NU	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A			N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *		•			x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$25 additi	If the specification and drav sheets of paper, the applica is \$250 (\$125 for small enti- additional 50 sheets or frac 35 U.S.C. 41(a)(1)(G) and 1			n size fee due for each i thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))												
* If	the difference in col	umn 1 is less than	r "0" in co		TOTAL		ı	TOTAL	L			
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	03/31/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	• 12	Minus	~ 24		= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 3	Minus	4		= 0		x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))											
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus					x \$ =		OR	x s =	
	Independent (37 CFR 1,16(h))	*	Minus	***				x \$ =		OR	x \$ =	
필	Application Size Fee (37 CFR 1.16(s))									ı		
Α	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
										OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the ontry in column 2, write 0" in column 3. If the "Highest Number Previously Paid For NT HIS SPACE is less than 30, enter "20". "If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".												

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